

DIRECTIONS CONCERNING COMPLIANCE WITH SUBPOENA BY USDA EMPLOYEE

Directions: Fill out this form down to item #16. Attach copy of subpoena and any additional pages you think necessary to explain the case, and promptly fax to the state office.

THIS FORM DOES NOT REPLACE THE NEED FOR PUBLIC INFORMATION REQUESTED FORM 533

1. Employee's name and title: Agency : Phone #: _____ Facsimile #: _____ Work address:
2. Subpoena for : ___ Testimony ___ Documents ___ Testimony & documents Att: ___ Deposition ___ Civil Trial ___ Criminal Trial Other: _____
3. Date, time and place appearance requested:
4. Subpoena number : _____ Date served: _____ Served by: ___ Mail ___ Sheriff ___ U. S. Marshal's Office ___ Other (specify):
5. Name and location of court::
6. Name of Case: _____ Case Number : _____
7. Subpoena issued by: _____ Plaintiff's attorney ___ Defendant's attorney Attorney's name: Phone and fax #s: Work address:

8. Brief description of court case:
9. Nature of testimony and/or official records sought :
10. Explanation of how employee became involved :
11. If the employee testifies, will any interest of USDA be served? If so, what interest?
12. Will the appearance result in an unnecessary interference with the employee's duties?
13. Will the employee's testimony result in the appearance of improperly favoring one litigant over another?
14. Does any other employee have knowledge or information about this case and, if so, whom?
15. Names, phone and fax numbers, and addresses of other attorneys and judge:

16. Authorization for employee's testimony where the UNITED STATES IS **NOT** A PARTY (If appearance is not authorized, agency head is to complete Exhibit 4):

(a) State Agency Head authorization, done pursuant to 7 CFR 1.210:

(Initial) _____ I approve and authorize the employee to testify.

(b) Name and phone number of state office point of contact:

17. USDA Office of General Counsel Review

OGC attorney's name and title:

Phone #: _____ Facsimile #:

OGC address:

(Initial) _____ I concur with the authorizing official. _____ I do not concur with the authorizing official.

Disposition: ____ Testimony given ____ Subpoena withdrawn ____ Motion \ Quash Granted

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